

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005206

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 111

FILED FEB 25 1963

| | | | |
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| 1. PLACE OF DEATH a. COUNTY BOONE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MONROE | |
| b. CITY (If outside corporate limits, give TOWNSHIP, only) Columbia | | c. CITY OR TOWN Paris | |
| Length of stay in 1b 25 days | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY OF MISSOURI MEDICAL CENTER | | d. STREET ADDRESS (If outside, give location) Star Route | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) Sylvia Ricks Hobbs | | 4. DATE OF DEATH Month February Day 17 Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-3-43 |
| 9. AGE (last birthday) 70 | | 10. IF UNDER 1 YEAR Months 69 Days 69 Hours 69 Min. 69 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and state or country) MONROE County Mo | | 12. CITIZEN OF WHAT COUNTRY United States of America | |
| 13a. FATHER'S NAME Andrew Ricks | | 13b. MOTHER'S MAIDEN NAME ALICE ORR | |
| 14. NAME OF HUSBAND OR WIFE HARVEY HOBBS | | | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | | 16. SOCIAL SECURITY NO. University of Missouri Medical Records | |
| 17. INFORMANT University of Missouri Medical Records | | Address University of Missouri Medical Records | |

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| 18. CAUSE OF DEATH (Enter only one cause per PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia (Renal Failure) | | INTERVAL BETWEEN ONSET AND DEATH 6 days | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 40% 3° BURNS of Trunk & Arms | | DUE TO (c) 25 days | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Caught clothes on fire while burning trash | |
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| 20c. TIME OF INJURY Hour 2:30 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year 1-23-63 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION Paris, Star Rt. Monroe, Mo. |
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| 21. I attended the deceased from 1-23-63 to Death and last saw her alive on 2-17-63 | | Death occurred at 11:00 am on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE L. H. Russell MD | (Degree or title) | 22b. ADDRESS U. M. C. Columbia, Mo | 22c. DATE SIGNED 2-17-63 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb. 19, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem. | 23d. LOCATION (City, town, or county) (State) Monroe County Mo |
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| 24. FUNERAL DIRECTOR C. H. Agnew, Paris, Mo. | 25. DATE RECD. BY LOCAL REG. Feb 17, 1963 | 26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

DATE AMENDED

BY AFFIDAVIT OF *John Director* MEDICAL CERTIFICATIONVS 300
Rev. 4/59

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MAR 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

E. H. Hagen

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.